



**Report to: Health and Wellbeing Committee, 18<sup>th</sup> July 2022**

**Report of: Corporate Director - Operations, Homes & Communities**

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**Subject: HEREFORDSHIRE & WORCESTERSHIRE INTEGRATED CARE PARTNERSHIP AND THE DEVELOPMENT OF A WORCESTER CITY DISTRICT COLLABORATIVE**

**1. Recommendation**

**That the Committee:**

- 1.1 Notes the dissolution of Clinical Commissioning Groups (CCGs) as replaced by the Herefordshire & Worcestershire Integrated Care Partnership on 1<sup>st</sup> July 2022;**
- 1.2 Notes the Council will be a core member of the Worcester City District Collaborative, which help enable the community and voluntary sector (which are vital to health and care services across the City) to participate, in the development of the ICP, ensuring local integration and resident need are at the heart of the new system; and**
- 1.3 Notes that a further report on progress of the Worcester City District Collaborative will be presented to this Committee in six months' time.**

**2. Background**

- 2.1 The Health and Care Act 2021 introduces significant reforms to the organisation and delivery of health and care services across England. Its main purpose is to establish a legislative framework that supports collaboration and partnership-working to integrate services for patients. Among a wide range of other measures, the Act also includes targeted changes to public health, social care and the oversight of quality and safety.
- 2.2 This key change is the formalisation of Integrated Care Systems (ICSs) which are constituted partnerships that bring providers and commissioners of NHS services across a geographical area together with local authorities and other local partners to collectively plan health and care services to meet the needs of their local population.
- 2.3 Each ICS will be made up of two parts: an integrated care board (ICB) and an integrated care partnership (ICP). ICBs will be tasked with the commissioning and oversight of most NHS services and will be accountable to NHS England for NHS spending and performance.
- 2.4 ICPs will bring together a wider range of partners, not just the NHS, to develop a plan to address the broader health, public health, and social care needs of the population. ICSs have the potential to reach beyond the NHS to work alongside local authorities and other partners to address the wider determinants of health.

- 2.5 One of the key opportunities for the Council is that much of the activity to integrate care and improve population health will be driven by organisations collaborating over smaller geographies within ICSs, often referred to as 'places', and through teams delivering services working together on even smaller footprints, usually referred to as 'neighbourhoods'. Unlike previous reforms, which have over specified at a local level, the Act gives local leaders flexibility in how they setup these more local arrangements.
- 2.6 This report details how these proposed changes to the health system, and in particular the development of 'District Collaboratives' will be key in helping the Council deliver its City Plan 2022 - 2027 and challenge the health inequalities that exist, and that have been further exacerbated by the Covid-19 pandemic and more recently the cost of living crisis.

### **3. Information**

- 3.1 Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.
- 3.2 Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.
- 3.3 Most health and care services need to be planned, designed and delivered on a smaller geographic footprint and population size than the ICS. This means that within each ICS there are several smaller planning footprints – termed "places" – where health and care organisations come together to improve patient pathways and deliver more joined up care. In the context of ICSs, broadly speaking, a "place" is intended to be an area with a population size of between 250,000 and 500,000 which is meaningful for the local community and organisations serving it.
- 3.4 Herefordshire and Worcestershire Health and Care system was formally designated as an ICS on the 1st April 2021 having operated as a Sustainability and Transformation Partnership (STP) since 2016. The CCG and all its functions has transferred to become a statutory Integrated Care Board for both Counties on the 1<sup>st</sup> July 2022. Up to date information for Herefordshire & Worcestershire ICS is now in place at [Herefordshire and Worcestershire ccg - Integrated Care System](#).
- 3.5 Information on the Herefordshire & Worcestershire ICS system from the above web pages is included at Appendix 1 and the key elements are as follows –
- The H&W ICS covers a population of 806,000 and which has been served by 2 County Councils, 6 District Councils, 3 NHS Health & Care Trusts, 1 Clinical Commissioning Group and 15 Primary Care Networks
  - The proposed ICS governance arrangements will see a single Integrated Care Board and Integrated Care Partnership for Herefordshire & Worcestershire
  - At place level it is proposed to bring together a Worcestershire Partnership Board, which will be mirrored in Herefordshire

- 3.6 Within each 'place' there are several neighbourhoods, which cover a smaller population size of roughly 30,000 to 50,000 people. They often focus on integrating primary, community and social care through multidisciplinary teams and joint working arrangements. Neighbourhoods are therefore key to the NHS's commitment to deliver more care as close to home as possible. The proposal for Worcestershire is for District Collaboratives to fill the neighbourhood space.
- 3.7 Quite early on in the response to the COVID-19 Pandemic, a Worcester City Incident Management Team Meeting was set up that was chaired by The Corporate Director for Operations, Homes & Communities and attended by key multi-agency partners including Worcestershire County Council Public Health, Worcester City Primary Care Network, Clinical Commissioning Group, South Worcestershire Healthcare, NHS, University of Worcester, Heart of Worcester College, Worcestershire Regulatory Services, Police, Worcester Community Trust and Community Services and Communications colleagues from the Council.
- 3.8 The early work of the group focussed on COVID-19 response, and in particular supporting the track and trace effort, developing local communication campaigns to encourage compliance with national guidance and vaccination uptake.
- 3.9 Many of the group noted that for the first time in their careers, the IMT provided an opportunity for key agencies to meaningfully work together on delivering actions around a joint priority that every organisation had a stake in and could add value to.
- 3.10 The work of this group and its neighbouring IMTs across the Districts of Worcestershire has been recognised both locally, regionally and nationally and in particular the way in which 'hyper local' vaccination clinics were set up and operated out of local community venues in order to remove the barriers many hard to reach communities face in trying to reach and access more central clinics.
- 3.11 Throughout the period of the Pandemic, preparation and transition work has continued with shadow arrangements developed for the Herefordshire & Worcestershire ICS and discussions commenced in 2021 around what collaboration would look like at neighbourhood level.
- 3.12 It became clear to many working in this field that the District IMT groups had the basis of being converted into District Collaboratives. There were several reasons for this –
- The District IMTs had become outcome and delivery focussed, and within the new ICS arrangements District Collaborative's are clearly the 'doing' group;
  - The District IMTs already had multi-agency partnership across all key sectors and good relationships and a shared understanding of each other's work had been developed since April 2020;
  - The District IMT's are well placed to hit the ground running as they had developed a positive profile and reputation generated from its work and outcomes over the last 24 months
- 3.13 On Friday 10<sup>th</sup> June 2022, a first meeting of stakeholders and partners that will play a key role in a Worcester City District Collaborative was held at Worcester Community Trust's Warndon Hub. The event provided an opportunity to reflect and celebrate the work of the Worcester City COVID-19 IMT Group, but more importantly

it was the start of the conversation about the transition required to become a District Collaborative.

- 3.14 As well as the nuts and bolts of setting up a new group such as Terms of Reference and associated arrangements, a Worcester City Health & Wellbeing Profile was presented by Matt Fung (Worcestershire County Council Public Health) and partner organisations in the room were provided with an opportunity to talk about their role in the health & wellbeing agenda so that we could start to build up a shared understand and knowledge of the wider Worcester City system.
- 3.15 It will be important for the Collaborative partners to be aware of each other's statutory and non-statutory priorities but more importantly where are the overlaps and synergies that provide opportunities for organisations to add value to each other's work.
- 3.16 At its first meeting the Collaborative agreed a draft overarching vision which is to '**Work together for all to be well in Worcester City**'. The emerging priorities for the Collaborative include –
- **Tackling loneliness and social isolation** - with key benefits of preventing early onset on diabetes and dementia.
  - **Providing the best start in life during maternity and children's health** – with key benefits of reducing childhood obesity and better health outcomes in later life.
  - **Targeted engagement where inequality and / or deprivation is linked to health outcomes** – with key benefits of improved access to health checks and screening for prevention and early diagnosis of illness.
- 3.17 The principle aims of the collaborative will be –
- Contribute to the development and delivery of the Worcestershire Joint Health and Wellbeing Strategy and the Integrated Wellbeing Offer.
  - Develop and deliver the Worcester City Health and Wellbeing Action Plan.
  - Identify and understand local issues, trends and underlying causes relating to public health.
  - To share intelligence, learning and best practice for the delivery of effective collaboration, providing bespoke customer centric services to improve health outcomes.
  - Monitor and report on delivery of projects.
  - Showcase existing projects and share best practice and information on health and wellbeing services.
- 3.18 Following the first meeting on it has been agreed that the District Collaborative will meet 6 weekly initially to ensure that there is frequent enough engagement to drive the development of priority projects for 2022/2023 through specific working groups that will work into the Collaborative on a project specific basis.

- 3.19 A key principle of the Being Well is to consider where work is best led and undertaken, acknowledging the vital role of Districts and other more local organisations, and not attempting to duplicate this work at county level. Formation of District Collaboratives aim to build on this to ensure local systems continue to work together.
- 3.20 To support the work developing integrated approaches, funding of up to £25k per year for three years (up to March 2025) is available per District Council area to support District Collaborative's facilitate and pump prime work being undertaken. The purpose of the funding is to support an increase in capacity and fund dedicated projects and activities which deliver Being Well e.g., asset mapping, training analysis and network support.
- 3.21 As set out in the recommendations of this report, it is intended to bring an update report back to this Committee, on the work of the Worcester City District Collaborative in January 2023.
- 3.22 In the interim however, officers will work closely with the Chair and Vice Chair of this Committee in respect of early developments of the group including its arrangements, priorities and reporting procedures.

**Ward(s):** All

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**Background Papers:** N/A

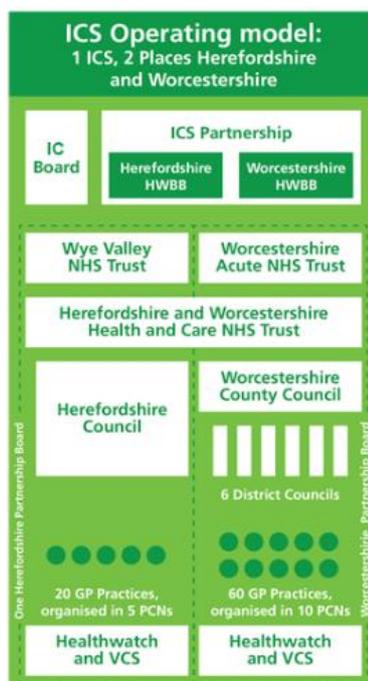
## Appendix 1 – Information Taken from Herefordshire & Worcestershire ICS Website

### Herefordshire and Worcestershire Integrated Care System



Herefordshire and Worcestershire	
Population size	806,000
#Trusts	3
#CCGs	1
#Providers	15 PCNs

The following infographic gives an outline of the composition of our system resources, priorities and governance:



Below is the current governance of the ICS which will evolve as it moves through its transition year:

